

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445494	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2010
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NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF RHEA COUNTY

STREET ADDRESS, CITY, STATE, ZIP CODE

7824 RHEA COUNTY HWY

DAYTON, TN 37321

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure hazardous area one (1) hour fire rated construction is maintained.</p> <p>The findings include:</p> <p>Observation on November 1, 2010 at 9:55 a.m. revealed numerous penetrations throughout mechanical room (4).</p>	K 029	<p>K029</p> <p><u>CORRECTIVE ACTION:</u> All penetrations in the mechanical room have been corrected as of 11/05/2010.</p> <p><u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All residents have the potential to be affected.</p> <p><u>SYSTEMIC CHANGES:</u> All areas will be checked for penetrations and corrected by maintenance.</p> <p><u>MONITORING:</u> Any concerns will be addressed in the monthly safety committee meeting, which consist of the Executive Director, DON, Activity Director, Central Supply Clerk, Maintenance Director, Human Resources, Dietary Manager, Housekeeping/Laundry Director and Rehab Manager for the next 4 months.</p>	11/5/10
K 051 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of</p>	K 051		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kate Safford

Executive Director

11/18/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 051	<p>Continued From page 1</p> <p>tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the fire alarm system properly operated all the required visual devices when activated.</p> <p>The findings include:</p> <p>Observation on November 1, 2010 at 11:20 a.m. revealed the visual strobe lights throughout the building were not properly synchronized upon activation of the fire alarm system. Based on observation, the facility failed to assure the fire alarm system is maintained to ensure the safety of the residents.</p> <p>The findings include:</p> <p>Observation on November 1, 2010 at 2:06 p.m. revealed the supervisory alarm for loss of phone dialer was not received within two hundred (200) seconds to the remote enunciator panel at the nurse station.</p>	K 051	<p>K051</p> <p><u>CORRECTIVE ACTION:</u> We have requested a quote for the correction of the strobe light synchronization. The quote will be received and signed by 12/17/2010. We have received a quote for the installation of an interface module for FACP to monitor the simplex dialer. This will be corrected by 12/17/2010.</p> <p><u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All residents have the potential to be affected.</p> <p><u>SYSTEMIC CHANGES:</u> A quote for the correction of the strobe lights will be obtained. The interface module for FACP to monitor the simplex dialer will be corrected.</p> <p><u>MONITORING:</u> The Executive Director will monitor the progress and completion of the project. The PI committee will be informed when the corrections have been made. The PI committee, consisting of Executive Director, DON, Staff Development Coordinator, Medical Director, Pharmacy Consultant, Business Office Manager, Social Services, Health Information Management, Human Resources, Dietary, and Housekeeping/Laundry Director.</p>	12/17/10	

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K 051	Continued From page 2 Observation on November 1, 2010 at 2:07 p.m. revealed the Fire Alarm Control Panel (FACP) was located in the mechanical room and is not in a continuously monitored location. (FACP was in a closed room not normally occupied by staff).	K 051			
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure clean linen closets have a positive air flow. The findings include: Observation on November 1, 2010 at 11:00 a.m. revealed the clean linen closet across from the beauty salon has no positive air flow.	K 067	K067 <u>CORRECTIVE ACTION:</u> The linen was removed from the area on 11/01/2010. <u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All residents have the potential to be affected. <u>SYSTEMIC CHANGES:</u> Laundry staff was in-serviced on storage of linen. <u>MONITORING:</u> Housekeeping/Laundry Director will monitor storage for the next 3 months for compliance. The PI committee, consisting of Executive Director, DON, Staff Development Coordinator, Medical Director, Pharmacy Consultant, Business Office Manager, Social Services, Health Information Management, Human Resources, Dietary, and Housekeeping/Laundry Director, will review findings and make recommendations according to findings	11/22/10	
K 075 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5	K 075			

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K 075	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure soiled linen/trash collection receptacles greater than thirty two (32) gallon are located in a room protected as a hazardous area when not attended. The findings include: Observation on November 1, 2010 between 9:00 a.m. and 3:00 p.m. revealed double bag soiled linen/trash collection receptacles greater than 32 gallon stored in the corridor at patient rooms 25, 37, and 46.	K 075	K075 <u>CORRECTIVE ACTION:</u> Smaller bags, not to exceed to 32 gallons combined, have been ordered to replace current bags. <u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All residents have the potential to be affected. <u>SYSTEMIC CHANGES:</u> Nursing and Housekeeping/Laundry staff will be in-serviced on the usage of the bags.	12/17/10	
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring is installed in accordance with NFPA 70. The findings include: Observation on November 1, 2010 between 9:00 a.m. and 3:00 p.m. revealed low voltage wiring and cables were laying on ceiling tiles throughout the facility and not left in a neat and workmanlike manner (NFPA 70, 110-12). Observation on November 1, 2010 between 9:00	K 147	<u>MONITORING:</u> Housekeeping/Laundry Director will monitor for compliance for the next 3 months. The PI committee, consisting of Executive Director, DON, Staff Development Coordinator, Medical Director, Pharmacy Consultant, Business Office Manager, Social Services, Health Information Management, Human Resources, Dietary, and Housekeeping/Laundry Director, will review findings and make recommendations according to findings		

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K 147	Continued From page 4 a.m. and 3:00 p.m. revealed electrical powerstrips installed in patient rooms 09, 17, and 18 supplying electricity to oxygen concentrators.	K 147	<p>K147</p> <p><u>CORRECTIVE ACTION:</u> All wiring will be secured in neat and workmanlike manner according to NFPA 70. Powerstrips were removed on 11/01/2010 where medical equipment was plugged into them.</p> <p><u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All residents have the potential to be affected.</p> <p><u>SYSTEMIC CHANGES:</u> Maintenance will monitor any outside vendors for compliance on wiring. All wiring will be secured by 12/17/2010. Maintenance will monitor electrical powerstrips for correct type and use on weekly prevention maintenance checks.</p> <p><u>MONITORING:</u> Any concerns will be addressed in the monthly safety committee meeting, which consist of the Executive Director, DON, Activity Director, Central Supply Clerk, Maintenance Director, Human Resources, Dietary Manager, Housekeeping/Laundry Director and Rehab Manager for the next 4 months.</p>		12/17/10